

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10815,615 FILING DATE

APPLICANT(S)

8/30/06

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1					1		
2						1	
3						1	
4							X
5							X
6						1	
7						1	
8						1	
9						1	
10					1		
11						1	
12						1	
13						1	
14						1	
15						1	
16						1	
17						1	
18						1	
19							X
20							X
21						1	
22						1	
23						1	
24						1	
25						1	
26						1	
27						1	
28						2	
29						2	
30						2	
31						2	
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50							
TOTAL IND.					1		
TOTAL DEP.					46		
TOTAL CLAIMS					47		

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TOTAL CLAIMS				